



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

Respondent Name

CITY OF EL PASO

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-14-0779-01

MFDR Date Received

November 4, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The injured employee did not submit a position summary with the DWC060 request.

Amount in Dispute: \$353.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Included in the Medical Dispute Resolution, was a prescription drug receipt dated 10/16/13, in the amount of \$54.99. We have no record of ever receiving this bill and for review, it would need to be properly filed by [injured employee]."

Response Submitted by: Claims Administrative Services, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 31, 2013	99212-25, J1094, 20610, 99080-73 and 73560-RT	\$299.00	\$0.00
October 16, 2013	Hydrocodone/AAP 725	\$54.99	\$54.99
TOTAL		\$353.99	\$54.99

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.270 sets out the guidelines for Injured Employee Reimbursement for Health Care Paid.
3. 28 Texas Administrative Code §134.504 sets out the guidelines for Pharmaceutical Expenses Incurred by the Injured Employee.
4. Neither the requestor nor the respondent submitted copies of EOBS.

Issues

1. Did the injured employee pay for services rendered on July 31, 2013?
2. Did the injured employee pay for out of pocket expenses for date of service October 16, 2013?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.270 states in pertinent part, "(a) An injured employee may request reimbursement from the insurance carrier when the injured employee has paid for health care provided for a compensable injury..."
28 Texas Administrative Code §133.270 states in pertinent part, "(b) The injured employee's request for reimbursement shall be legible and shall include documentation or evidence (such as itemized receipts) of the amount the injured employee paid the health care provider."
The injured employee seeks reimbursement for date of service July 31, 2013, CPT codes; 99212-25, J1094, 20610, 99080-73 and 73560-RT. Review of the submitted documentation does not contain evidence of the amount the injured employee paid the health care provider for the disputed services. As a result, the injured employee is not entitled to reimbursement in the amount of \$299.00, for date of service July 31, 2013.
2. 28 Texas Administrative Code §134.504 states in pertinent part, "(a) It may become necessary for an injured employee to purchase prescription drugs or over-the-counter alternatives to prescription drugs prescribed or ordered by the treating doctor or referral health care provider. In such instances the injured employee may request reimbursement from the insurance carrier..."
Review of the documentation submitted (receipt) by the injured employee supports that the injured employee paid the amount of \$54.99 for prescribed medication, Hydrocodone/APAP 725 on October 16, 2013. As a result, the injured employee is entitled to reimbursement for the incurred out of pocket expense.
The MAR amount for Hydrocodone/APAP 725 is \$71.50, the injured employee seeks \$54.99, and therefore, reimbursement is recommended to the injured employee in the amount of \$54.99.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$54.99.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$54.99 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ January 23, 2014 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).